QUESTIONNAIRE
TOBACCO SMOKE RETENTION PROJECT

Test Subject: B Marital Status (S (M) W D)

Address Columbus, Ohio Sex Female

Age 25 Occupation Secretary Date January 15, 1960

Height (in.) 66 Weight 130

1. Do you smoke? Yes X No

2. Have you ever smoked? Yes No

If yes, what type, quantity and duration of smoking?

Filtered cigarettes, 3/4 pack per day

3. Do you now have a respiratory illness? (cold, bronchitis, flu, virus, etc.) Yes No X

4. Have you recently had a respiratory illness? Yes No X

5. Do you have any of the following diseases or symptoms?

	Yes	No		Yes	No
Influenza		X	Heart Disease		X
Pneumonia		X	Cough		X
Sinusitis	X		Expectoration		X
Asthma		X	Wheezing		X
Tuberculosis		X	Shortness of Breath		X
Other Respiratory Disease			Chest Pain		X

Explain yes answers:

Slight sinusitis since moving from the east coast.

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Source: https://www.industrydocuments.ucsf.edu/docs/xzhl0d00